÷	~.4										106	el	124	<u> </u>
	PAFÉNT A	PPLI		ON FEE DI		Application or Docket Number								
-		IMS /	SMALI TYPE	LEN	mγ ⊐	OR	OTHER SMALL							
TO	TAL CLAIMS			14	14				RAT	E	FEE		RATE	FEE
FO	Я			NUMBER	NUMBER FILED		NUMBER EXTRA		BASIC	FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS				mit	minus 20=		• 14		XS S)=		OR	X\$18=	
INDEPENDENT CLAIMS					minus 3 =				X420			OR	X84=	
MU	LTIPLE DEPEN	DENT	CLAIM	PRESENT		•			+14) <u>-</u>		ОЯ	+280=	:
* If the difference in column 1 is less than zero, enter "0" in column 2												OR:	TOTAL	737
	CI			AMENDE			/Cal	21	SMA	LL	ENTITY	OR	OTHER SMALL	
4		REM	UMA 1 AMS IANING FTER		HIGH NUI	mn 2) (EST (BER OUSLY	PRESEN EXTRA	7	RAT		ADDI- TIONAL		RATE	ADDI- TIONAL
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_	The rest of the	C	LAUMS		HIG	mn 2) (Column 3 MEST		7			ADDI-	1		ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT			PREV	PREVIOUSLY PAID FOR			RAT	Έ	TIONAL FEE		RATE	TIONAL FEE
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┞	rinai Phese	341M1	•	my Little DE	ULTIPLE DEPENDENT CLAIM				+14	0=		OR	+280=	
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ENT C		RE	LAIMS MAININI VFTER NOME		HIG NUM PREVI PAID		R PRESENT SLY EXTRA		RAT	Œ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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卜	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+14	0=		OR	+280=	
I ~	" If the entry in column 1 is tess than the entry in column 2, write "0" in column 3. "If the "highest Number Previously Paid For" IN THIS SPACE is tess than 20, enter "20." ADDIT, FEE													
-	"If the "Highest Nu The "Highest Nur	mbot E		Dale For IN T	MIS SPACE	ic bace th	an 3. onder	3.				m in c	ADDIT. FEE olumn 1.	
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